

STAKEHOLDERS' ADVISORY COMMITTEE RECOMMENDATIONS

Presentation to DHHS Design Management Committee

October 1, 2010

Presented by: Julia Bell on behalf of the three-member liaison team: Julia Bell, Richard
Chaucer & Elaine Ecker

September 17, 2010 meeting summary:

1. Review of recommendations from Member Standing Committee and Specialized Services Committee
2. Description and discussion regarding committee flow and organization
3. Presentations
 - a. Medicaid Managed Care Basics
 - b. Federal Rules for Medicaid Managed Care
 - c. Specific issues pertinent to serving children in child welfare system & those receiving services from Children's Behavioral Health Services
 - d. Proposed Populations for Managed Care in Phases I, II and III
4. Key issues and recommendations identified during committee discussion of information presented:
 - a. Difficult to discuss populations to be served separate from services to be provided
 - b. Categories identified for phased-in eligibility do not represent discreet populations, but include multiple subgroups which overlap multiple categories (e.g. children with disabilities, families which include parents, in which one is in "disabled" group and/or a child is diagnosed with disability after enrollment, and homeless populations)

- c. If access to coordinated, quality care is key ingredient in achieving cost containment, important to determine how new managed care system will address/incorporate:
 - i. Coordination & integration of services external to MaineCare which have direct relationship with medical services (such as vocational rehabilitation services, school-based services)
 - ii. Systems improvement activities underway over the next three to four years, such as CHIPRA Quality Demonstration and Autism State Implementation Grants, policy changes pursuant to federal Health Reform law, support for peer support networks, etc.
 - iii. Assuring access to care for individuals with specific needs, such as those with acquired brain injury, those receiving waiver-funded long term care services, and dual eligibles (consensus that dual eligibles should be in last phase of implementation).
- d. Recommend reconsideration of timelines for implementation, especially Phase I start date January 2012.
- e. Suggestion that Logic Construct Model is needed to accurately identify and map key inputs, proposed activities and time schedule, and short- and long-term goals/outcomes.